



## INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information. Please read it carefully and let me know if you have questions. With your signature, it will represent an agreement between us.

### **Location During Sessions**

All clients must be in the state of PA for telepsychology sessions. By signing this, you agree that no sessions will be conducted while you are out-of-state. This restriction is due to our licensure restrictions.

### **Benefits/Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely via video or telephone, typically for the benefits of continuity of care and convenience. Telepsychology, however, requires technical competence on both of our parts. Here are some risks and differences between in-person psychotherapy and telepsychology:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions. On my end I will take reasonable steps to ensure your privacy. You should do the same, making sure to be in an area where other people cannot overhear.
- Issues related to technology. There are many ways that disruptions can arise with technology, such as it stopping working during a session or other people potentially getting access to our conversation.
- Crisis management/intervention. Telepsychology is not typically used for times of crisis and can be harder to manage than in-person.
- Efficacy. Most research shows that telepsychology is about as effective as in-person therapy, but you should know that there is debate about whether or not something is lost by not being in the same room, such as a therapist's ability to fully read non-verbal information.

### **Electronic Communications**

You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology. We can decide together which mode to use.

### **Communication between Sessions**

As with in-person session, treatment is most effective when clinical discussions occur at your regularly scheduled sessions. If a crisis arises, you can attempt to reach me by phone and I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me or cannot wait for a return call, contact your family physician or the nearest emergency room. You can also contact the 24-hour National Suicide Prevention Lifeline at: 1-800-273-TALK (8255), or the 24-hour Crisis Text Line can be contacted by texting "CONNECT" to 741741 in the United States.

### **Confidentiality**

The extent of confidentiality and its exceptions, as outlined in the Informed Consent document that you were given at the start of therapy, still apply in telepsychology. However, the nature of electronic communications technologies is such that I must warn you that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

### **Appropriateness of Telepsychology**

Periodically, I will consider and check in with you about the appropriateness of using telepsychology with you. I will let you know it becomes a less-appropriate form of treatment.

### **Technology Disruptions**

If you are having an emergency and there is a technical problem, call 911, the 24-hour National Suicide Prevention Lifeline (1-800-273-TALK/8255), or go to your nearest emergency room.

If the session is interrupted under non-emergency circumstances, I will attempt to recontact you via the platform where we were disrupted. If you do not receive a call back within a couple of minutes, then I will call you by phone at the number we have on file.

### **Fees**

The same fee rates will apply for telepsychology as for in-person, but some insurances do not cover teletherapy in the same way that they cover in-person sessions. If your insurance does not cover the service, you will be solely responsible for the full fee of the session. You will be charged a prorated amount of actual session time if there is a technology disruption during a session.

### **Records**

I will maintain a medical record of our session in the same way I maintain records of in-person sessions. The telepsychology sessions shall not be recorded in any manner.

### **Informed Consent**

This agreement is intended as a supplement to the general informed consent used at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

\_\_\_\_\_  
Name of contact to assist in an emergency

\_\_\_\_\_  
Phone of emergency contact

How will you be doing your sessions?  Mobile  Computer  Phone (circle or "x" ONE option)  
If using mobile or phone, what number should we use: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Therapist Printed Name

\_\_\_\_\_  
Date